

10/591568
IAP9 Rec'd PCT/PTO 01 SEP 2006

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: ARYLAALKYLAMINO-SUBSTITUTED
QUINAZOLINE ANALOGUES
Attorney Docket Number:: 61386(72021)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rajagopal
Family Name:: Bakthavatchalam
City of Residence:: Madison
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 67 Hickory Lane
City of mailing address:: Madison
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bertrand
Middle Name:: L.
Family Name:: Chenard
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State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 7 Whaling Drive
City of mailing address:: Waterford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06385

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: M.
Family Name:: Peterson
City of Residence:: Durham
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 119 Maple Ave.
City of mailing address:: Durham
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06422

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Cheryl

Middle Name:: K.
Family Name:: Steenstra
City of Residence:: Bath
State or Province of Residence:: ME
Country of Residence:: US
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City of mailing address:: Bath
State or Province of mailing address:: ME
Postal or Zip Code of mailing address:: 04530

Correspondence Information

Correspondence Customer Number:: 21874

Representative Information

Representative Customer Number:: 21874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US05/06697	03/04/05
PCT/US05/06697	An application claiming the benefit under 35 USC 119(e)	60/550,216	03/04/04

Assignee Information

Assignee name:: Neurogen Corporation
Street of mailing address:: 35 Northeast Industrial Road
City of mailing address:: Branford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06405